

TOWN OF HILTON HEAD ISLAND PLANNING DEPARTMENT  
**MINOR SUBDIVISION CHECKLIST**  
THIS FORM MUST BE ACCOMPANIED BY A MASTER APPLICATION FORM

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PROJECT NAME: \_\_\_\_\_

AGENT SUBMITTING APPLICATION:

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

**\*\*\*ONE copy of each item is required, unless otherwise stated.**

**Yes    No    N/A**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*APPLICATION FORM	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*FILING FEE (100 + \$10 per lot)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*PROPERTY DEED/TITLE SOURCE	_____

**SUBDIVISION PLAT (5 COPIES)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Name of Subdivision	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Graphic Scale & North Arrow	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Tax Map & Parcel Number	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Date & Revisions	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Vicinity Sketch	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Name of Owner	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*FEMA Information	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Reference Meridian	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Location of Primary Control Points	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Existing & Proposed Boundary Lines	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Right Of Way Lines	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Proposed Street Names	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Easements, Purpose & Documentation	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Use Of New Lots Noted	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Lots Numbered Consecutively	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Notation Of Specific Reference Plat	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Computed Acreage Of Each Lot	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Minimum Building Setback Lines	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Minimum Buffer Lines	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Original Seal and Signature	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Trees 6" Diameter & Over	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Exterior Buffer Statement	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Existing Structures/ Improvements	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Flood Disclosure Statement	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location & Calculation of Impervious	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wetland Delineation (as appropriate)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wetland Buffer Statement	_____

## MINOR SUBDIVISION REVIEW CHECKLIST

**Yes      No      N/A**

### ENGINEERING (2 copies) (If development disturbs 5,000 square feet or more)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Pre-Design Conference w/Town Engineer or Certification that Subdivision will not do anything that will require a Drainage Plan _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Stormwater Calculations _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Grading Plan _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Drainage & Erosion Control Plan _____

### DHEC APPROVAL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewer _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air & Water Quality _____

### OCRM APPROVAL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beach/Dune Activity _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tidal Wetlands _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Land Disturbance _____

### ENCROACHMENT PERMIT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SC Department of Transportation _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beaufort County _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Town of Hilton Head Island _____

### PSD APPROVAL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewer _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCHD/DHEC SEPTIC TANK APPROVAL _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PALMETTO ELECTRIC APPROVAL _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HARGRAY TELEPHONE APPROVAL _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGAL GUARANTEES _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUBLIC DEDICATION _____

### OTHER APPLICABLE ITEMS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

*\* - These items (if determined to be applicable by staff) are required at the time of submittal to be considered a complete application that will be distributed for review.*

# MINOR SUBDIVISION REVIEW CHECKLIST

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It has been determined that for the above referenced project the minimum items necessary for acceptance of the application:

- ☐ HAVE BEEN SUBMITTED and the staff can begin a full coordinated review.
- ☐ HAVE NOT BEEN SUBMITTED and the application cannot be accepted and all submitted items are being returned. A new appointment will be required to resubmit the application.

SIGNATURES:

STAFF: \_\_\_\_\_ DATE \_\_\_\_\_  
AGENT: \_\_\_\_\_ DATE \_\_\_\_\_